

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-022328

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5908**

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 **206**

3

4 **2**

5 **2**

6

7 **1**

8 **2**

9

10

11

12 **77-c**

13

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Homer G. Phillips**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1609 Semple

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Thomas** Middle **W.** Last **Troupe**

4. DATE OF DEATH
Month **6** Day **3** Year **63**

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
7-8-1889

9. AGE (last birthday)
73

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Waiter

10b. KIND OF BUSINESS OR INDUSTRY
Private Clubs

11. BIRTHPLACE (City and state or country)
Paris, Texas

12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

Willie Troupe

13b. MOTHER'S MAIDEN NAME

Emma C

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, go, or unknown) (If yes, give war or dates of)
No **None**

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Willie Mae Troupe 1609 Semple Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Cerebral Ischemia**

DUE TO (b) **Cerebral Hemorrhage**

DUE TO (c) **Arteriosclerosis**

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

331x

INTERVAL BETWEEN
ONSET AND DEATH
Undet.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **5-29-63** to **6-3-63** and last saw **him** alive on **6-3-63**

Death occurred at **8:53 P.m** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title)

Hittler

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED
6-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE
6/5/63

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county) (State)

Berkeley City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

C.W. Roberts Und. Co 1416 N. Taylor Ave

25. DATE RECD. BY LOCAL REG.

JUN 4 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

N. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

1123 N. Taylor Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.